

Jackson Hole Fire/EMS **Operations Manual**

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Title: Controlled Substance Security

and Accountability 17

Division: Article:

5.8

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PURPOSE

Controlled substances that are intended for medical treatment are an integral component of the ALS program provided by Jackson Hole Fire/EMS. Because these items have the potential for abuse, security and accountability measures have to be instituted to provide for their safekeeping and the safety of the persons that might need them. It is the responsibility of the individual ALS Providers, Shift Officer, JHFEMS administration, and the Physician Medical Director to ensure proper security measures are followed and are in compliance with DEA regulations.

SECTION I – Storage and accountability

There are medication boxes located in each ALS ambulance that will be secured by remaining locked within the ambulance, and the ambulance secured in the apparatus bay when not in operation. In addition, individually numbered plastic locks will be utilized and recorded to maintain accountability. The drug boxes will be accessible only to persons authorized to provide this advanced level of treatment utilizing a unique Personal Identification Number (PIN). All activity is captured in an audit trail that includes a time and date stamp including a user ID with each activity. In the event that the ambulances are parked outside of the secured garage the ambulance will be kept locked.

Controlled substance inventory checks will be completed on primary ambulances by oncoming crew members at the start of the shift and documented on the controlled substance log form. Unstaffed ambulances will be inventoried on a scheduled basis. If the ALS unit is out of service, the controlled substances must be removed and secured. Back-stock will be secured in a medication locker in a secure location and accessible only to persons authorized to provide this advanced level of treatment by utilizing their unique PIN. Drugs that are carried in rescue packs will be signed out to persons authorized to use them, and then returned if unused at the end of the mission and kept accountable by the authorized person.

Controlled substances will be ordered using the appropriate DEA forms and the order documented on the controlled substance order log. The receipt of the controlled substances will be documented on the DEA form, recorded on the controlled substance order tracking form and

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checked into the back-stock medication locker inventory log form.

Routine inventories and spot checks will be done on the drug boxes to maintain accountability.

SECTION II – Use of controlled substances

When a controlled substance is used on an EMS incident, this use will be documented on the patient care record (PCR) and the controlled substance log form. These records shall include the date of administration, incident number, administered dose, EMT signature, and witness signature. When a dosage smaller than the smallest available dose is used, the remaining portion (aliquot part) must be destroyed in the presence of a second crew member or hospital nursing/physician staff and accounted for on the PCR. Lost or broken controlled substances shall be accounted for on the controlled substance log form which shall be submitted for review by the Physician Medical Director and EMS Battalion Chief.

SECTION III – Reporting of Discrepancies

Any discrepancies in quantity or security matters shall be noted on the controlled substance log form and reported to the Physician Medical Director and EMS Battalion Chief immediately. In the absence of the EMS Battalion Chief, any discrepancies shall be reported to the Duty Officer, in either case, a report detailing the circumstances of the incident shall be written and filed with the EMS Battalion Chief and Physician Medical Director. The JHFEMS Chief will also be notified of any significant events. Based on the event, DEA and/or Local Law Enforcement authorities may be notified.